

Name  
in  
Full

Latta, Blackway.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

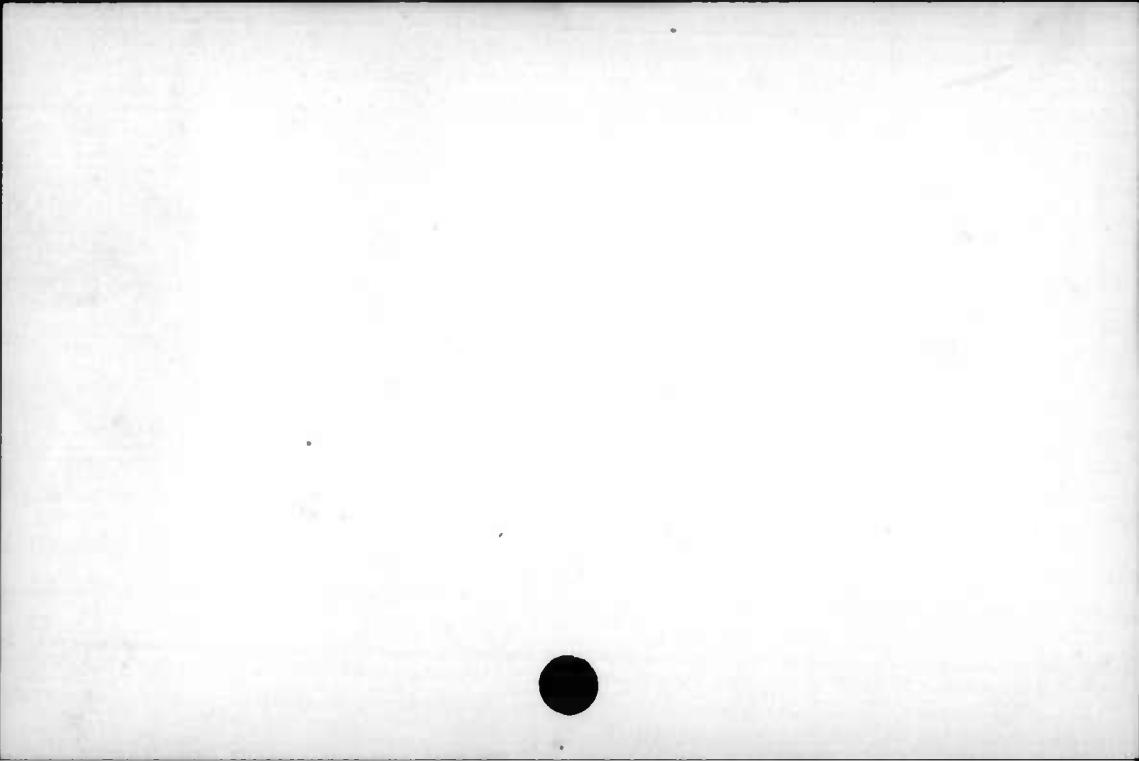
Died at <i>Millington</i> <small>Town</small>		County <i>Kent</i>		STATE <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>29</i>	Age <i>27</i>	Months <i>9</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Bookkeeper</i>		Where Residing if not at place of death <i>Wilmington. Del.</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>W H Blackway</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Henrietta. Carter.</i>	Name of person giving information <i>George. Nixon.</i>		Relationship to deceased <i>Uncle</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Nine months</i>
Immediate	<i>Pulmonary Hemorrhage</i>	How long	<i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H M. Jeter.</i>	
		Address <i>Millington. Md.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

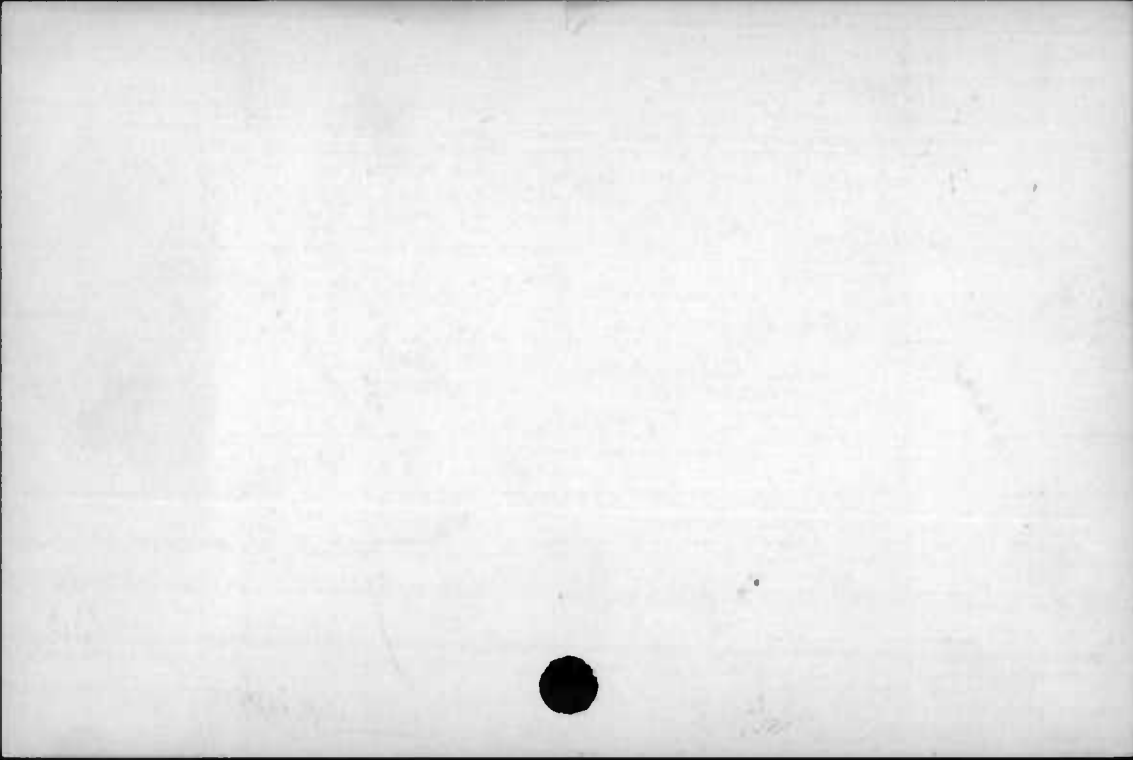
Name in Full <b>Francis Branzell</b>		Town <b>Tolchester</b>		County <b>Kent</b>		MARYLAND	
Died at <b>Tolchester</b>		Month <b>July</b>		Day <b>11</b>		Years <b>23</b>	
Date of death <b>1907 July 11</b>		Age <b>23</b>		Months <b>10</b>		Days	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>East Port</b>			
Occupation <b>Waterman</b>		Where Residing if not at place of death <b>East Port, A. A. Co. Md</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband					
Father's Name <b>Wm. T. Branzell</b>		Father's Birthplace <b>Annapolis Md</b>					
Mother's Maiden Name <b>Therese - Denver</b>		Mother's Birthplace <b>Annapolis</b>					
Name of person giving information <b>Thomas Branzell</b>		How related to deceased <b>Brother</b>					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<b>H.C. unable to ascertain name of Sub. M.</b>
Immediate	<b>Went to prison at his father's</b>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>M. L. F.</b>
	Address <b>Nov 27</b>
Accident or Suicide?	



Name  
in  
Full

Susan Carroll

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

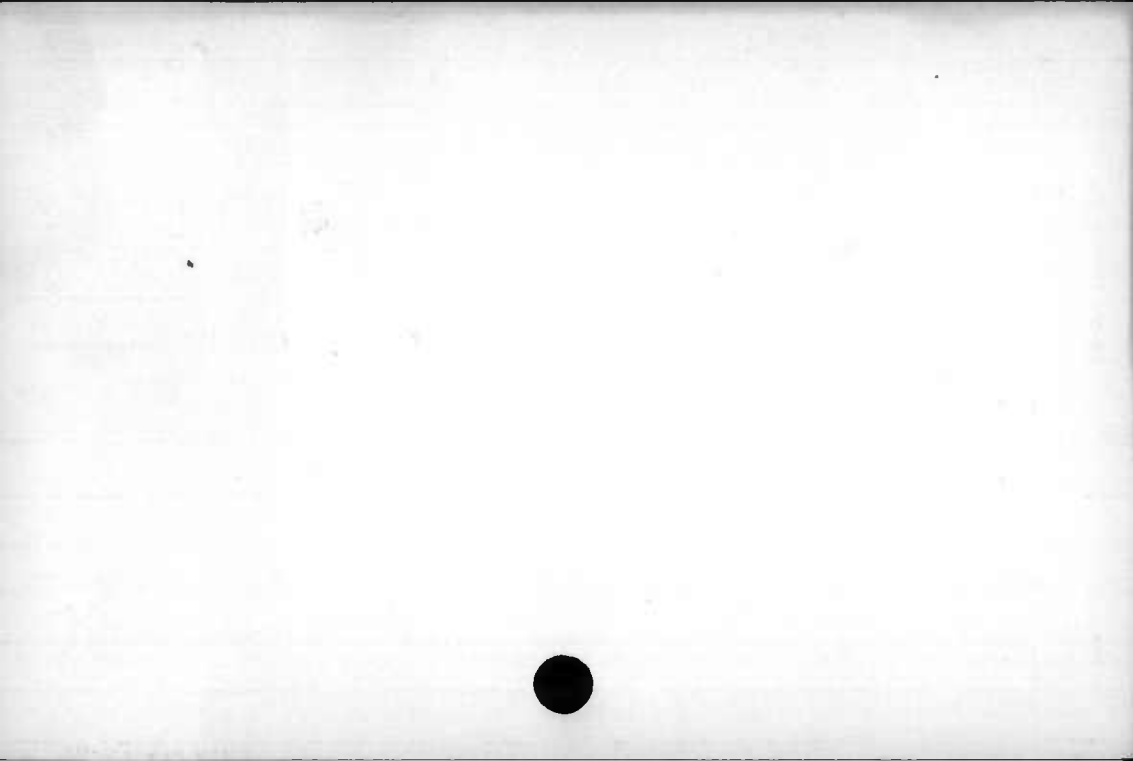
Died at		Buck Neck		County Kent		MARYLAND	
Date of death		1907	Month July	Day 24	Age 61	Months	Days
Sex Female		Color or Race Col		Birth-place Md			
Occupation Housework		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband George Carroll					
Father's Name Unknown		Father's Birthplace Unknown					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving information Husband		How related to deceased					

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long
Immediate	Cerebral Hemorrhage	How long
Are the name, age, sex, color, date and place correctly given above?		Yes
Signature of Physician		Frank W Smith
Address		Fairfax
Accident or Suicide?		No

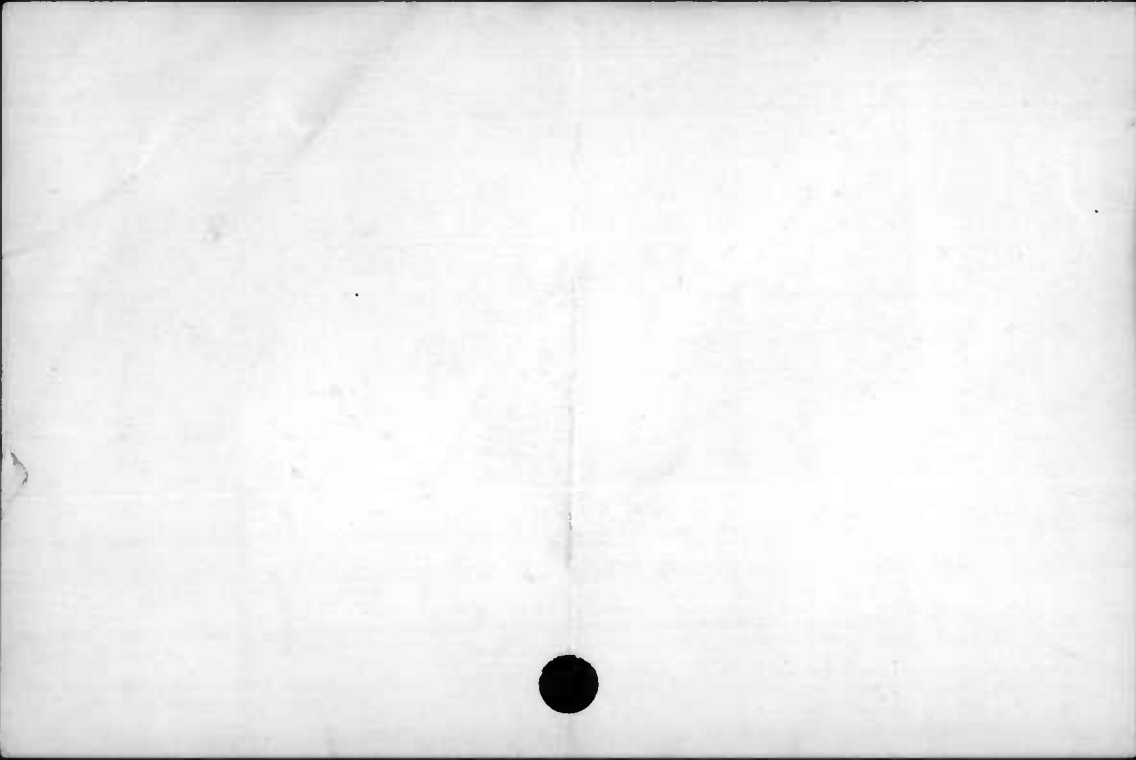


Name in Full		Certificate of Death			
Louise Cochran		MARYLAND			
Died at <i>Galena</i> Town		County <i>Kent</i>			
Date of death <i>1907</i> Month <i>7</i> Day <i>21</i>		Age Years		Months <i>one</i> Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>near Galena Ind.</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Keith Cochran</i>		Father's Birthplace <i>Galena Ind.</i>			
Mother's Maiden Name <i>Nellie McBanley</i>		Mother's Birthplace <i>Galena Ind.</i>			
Name of person giving information <i>Eva McBanley</i>		How related to deceased <i>Grand Mother</i>			
CAUSES OF DEATH					
Primary <i>Cardiac disease</i>		How long <i>from birth</i>			
Immediate <i>heart failure</i>		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Ladner</i>			
		Address <i>Galena Ind.</i>			
Accident or Suicide?					

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

79





Name  
in  
Full

Lewis Garnett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

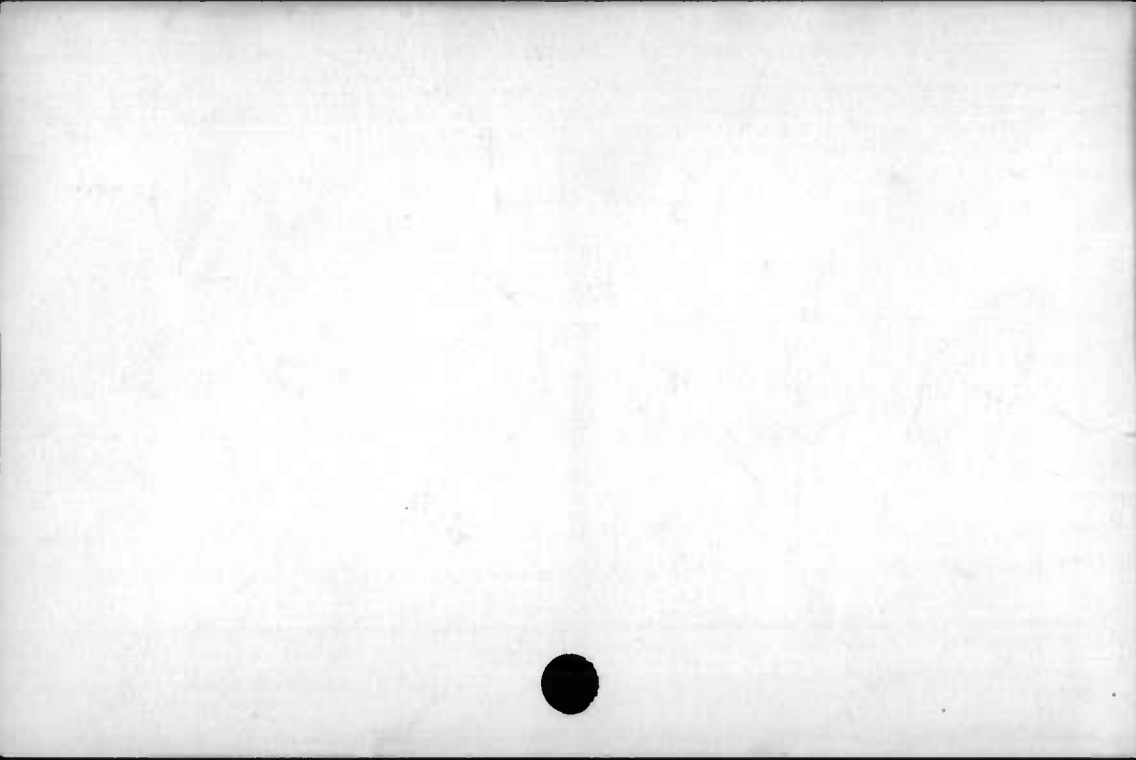
Died at <i>near Chesterville</i>		Town <i>Kent</i>		County	
Date of death <i>1907</i>		Month <i>July</i>	Day <i>18</i>	Age <i>3 yrs</i>	Years
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Kent Co Md</i>	
Occupation <i>—</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Rondal Garnett</i>		Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Julia Wilson</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Perry Brown</i>		How related to deceased <i>none</i>			

## CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>7 months</i>
Immediate	<i>Chronic Bronchitis</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. A. Sheppard</i>	
		Address <i>Crumpton Md</i>	
Accident or Suicide?			



Name  
in  
Full

Still born Hackett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Still born Keokuk Keokuk County  
 Date of death 28 July 1907 28 Age Still born Months — Days —  
 Sex female Color or Race black Birth-place Big woods  
 Occupation — Where Residing if not at place of death —

Married, Single  
or Widowed —Name of Wife or  
Husband —Father's  
NameRoger HackettFather's  
BirthplaceIndMother's  
Maiden NameEsther SmithMother's  
BirthplaceIndName of person giving  
In formationRoger HackettHow related  
to deceasedfather

## CAUSES OF DEATH

Primary

Still born.

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?yes.Signature of  
PhysicianW. S. Maxwell.

Address

Still Pond, Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER

Fontana Church.

Name  
in  
Full

Vachel Burgess Hines

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

of death

1907 July

Month

Day

14

Age

Years

84

Months

Days

Sex

male

Color or  
Race

white

Birth-  
place

Kent Co. Md.

Occupation

Clerk

Where Residing if not  
at place of deathnear Rock Hall  
Kent Co. Md.Married, Single  
or Widowed

married

Name of Wife or  
Husband

Henrietta Burgess

Father's  
Name

John Hines

Father's  
Birthplace

Kent Co.

Mother's  
Maiden Name

not known

Mother's  
Birthplace

not known

Name of person giving  
information

Dr. W. Frank Hines

How related  
to deceased

Cousin

## CAUSES OF DEATH

39

Primary

Carcinoma Tongue

How long

about 1 yr.

Immediate

Inaction -

How long

304 months

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Frank B. Hines

Address

Chestertown, Md.

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Keyser County.

St Pauls Cemetery.

John W. Dodd.

Undertaker

Name  
in  
Full

Still Born Infant *Pester*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Still Pond</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>10</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>James A. Pester S</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Elfreda Robinson</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>James A. Pester</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born.</i>	How long	<i>(S)</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. P. Atwell M.D.</i>	
<i>yes</i>		Address <i>Still Pond md.</i>	
Accident or Suicide?			

Still Pond.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Elfreda W. Zester

Died at <sup>Town</sup> near Still Pond<sup>County</sup> Kent county

MARYLAND

Date of death 1907 July

Day 10

Age Years 22

Months

Days

Sex female

Color or  
Race

white

Birth-  
place

Md.

Occupation

house wife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife  
Husband

James A. Zester

Father's  
Name

John R. Toulson

Father's  
Birthplace

U.S.

Mother's  
Maiden Name

Julie K. Katzenberg

Mother's  
Birthplace

Germany

Name of person giving  
Information

James A. Zester

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Eclampsia

70

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

Lewis P. Atwell M.D.

Address

Still Pond

Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER

Double Creek. Lincoln Anne Co.

Name  
in  
Full

Sarah C. Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Synch</u> Town		<u>Hent</u> County		MARYLAND	
Date of death	1907	Month	July	Day	24
Age	55	Years		Months	—
Sex	female	Color or Race	White	Birthplace	U.S.
Occupation	Housewife		Where Residing if not at place of death		
Married, <del>Single</del> or Widowed	Married	Name of Wife or Husband <u>J. C. Jones</u>			
Father's Name	Robert H. House			Father's Birthplace	U.S.
Mother's Maiden Name	Annie B. Coleman			Mother's Birthplace	U.S.
Name of person giving information	J. C. Jones			How related to deceased	Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Softening of the Brain.</u>	How long	<u>64</u>	<u>five years.</u>
Immediate	<u>Paralysis.</u>	How long	<u>two weeks.</u>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Wm. S. Maxwell,</u>		
Yes,		Address <u>Still Pond, Md.</u>		
Accident or Suicide?				

Chester Cemetery.

Name  
is  
Full

Thomas Jones

CERTIFICATE OF DEATH

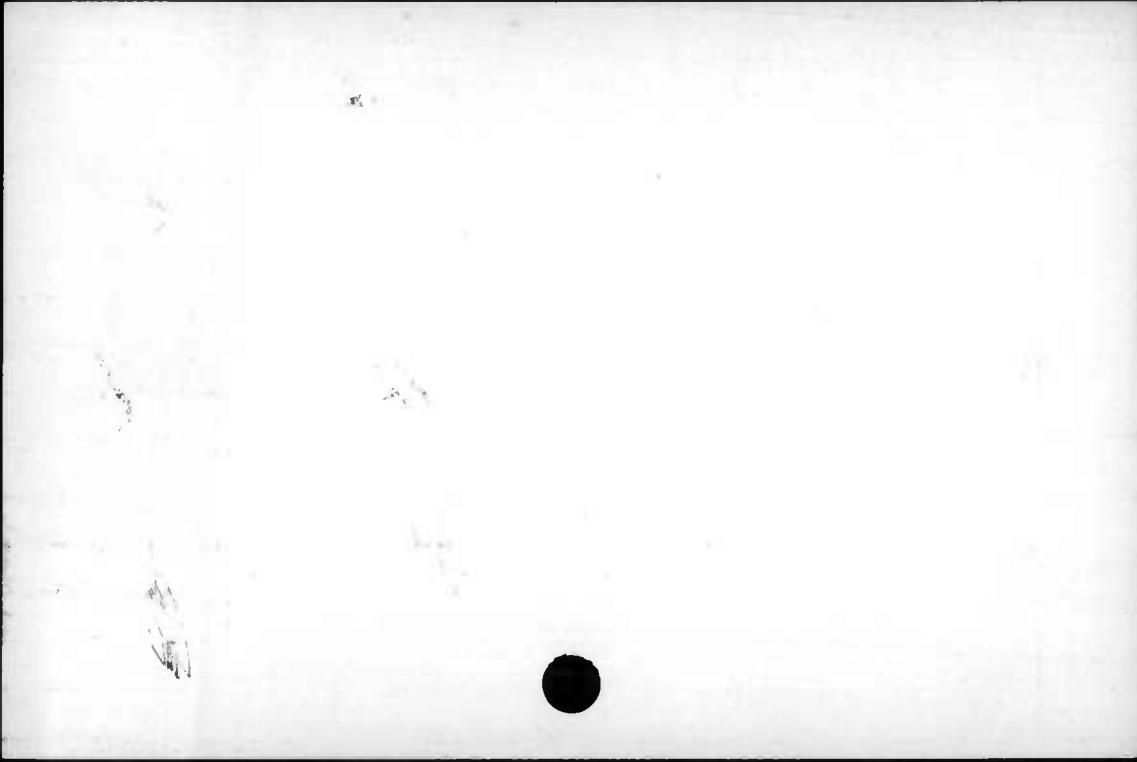
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chester</i> <sup>Town</sup>		<i>Kent</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>2</i>	Age <i>50</i> <sup>Years</sup> <i>(about)</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Col</i>	Birth-place <i>Unknown</i>			
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name	<i>This man died suddenly</i>			Father's Birthplace	
Mother's Maiden Name	<i>and nobody knows</i>			Mother's Birthplace	
Name of person giving information	<i>anything of family history</i>			How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>immediate</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Robt. Moffett Cor.</i>	
		Address <i>Chester</i>	
Accident or Suicide? <i>No</i>		<i>md.</i>	



Name  
in  
Full

Robert Lawrence McWhorter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

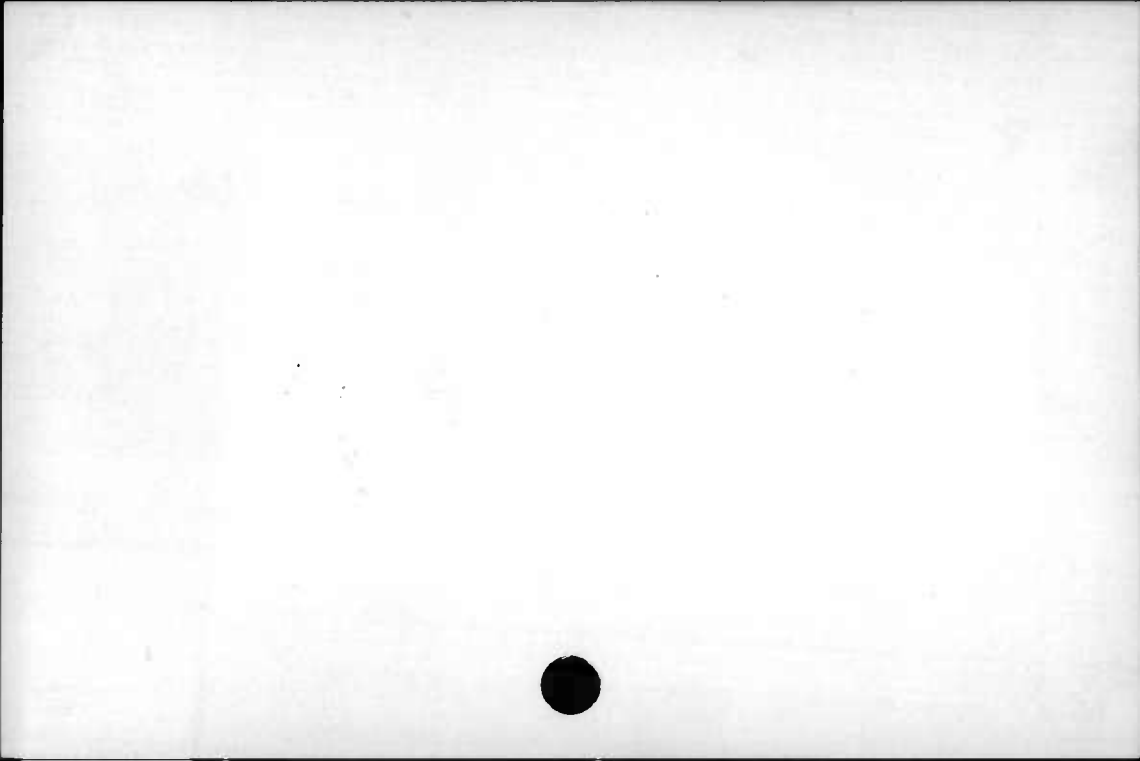
Died at <i>Chesborton</i>		County <i>Kent</i>		MARYLAND	
Date of death	1903	Month <i>July</i>	Day <i>15</i>	Age	Years
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place	<i>Ind</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Robert J McWhorter</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Lelia Reese</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Enterocolitis, followed by broncho pneumonia</i>	How long	<i>3 weeks</i>
Immediate	<i>Cydanthron</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. S. Simpson</i>	
Yes		Address <i>Chesborton</i>	
No			
Accident or Suicide? <i>No</i>			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

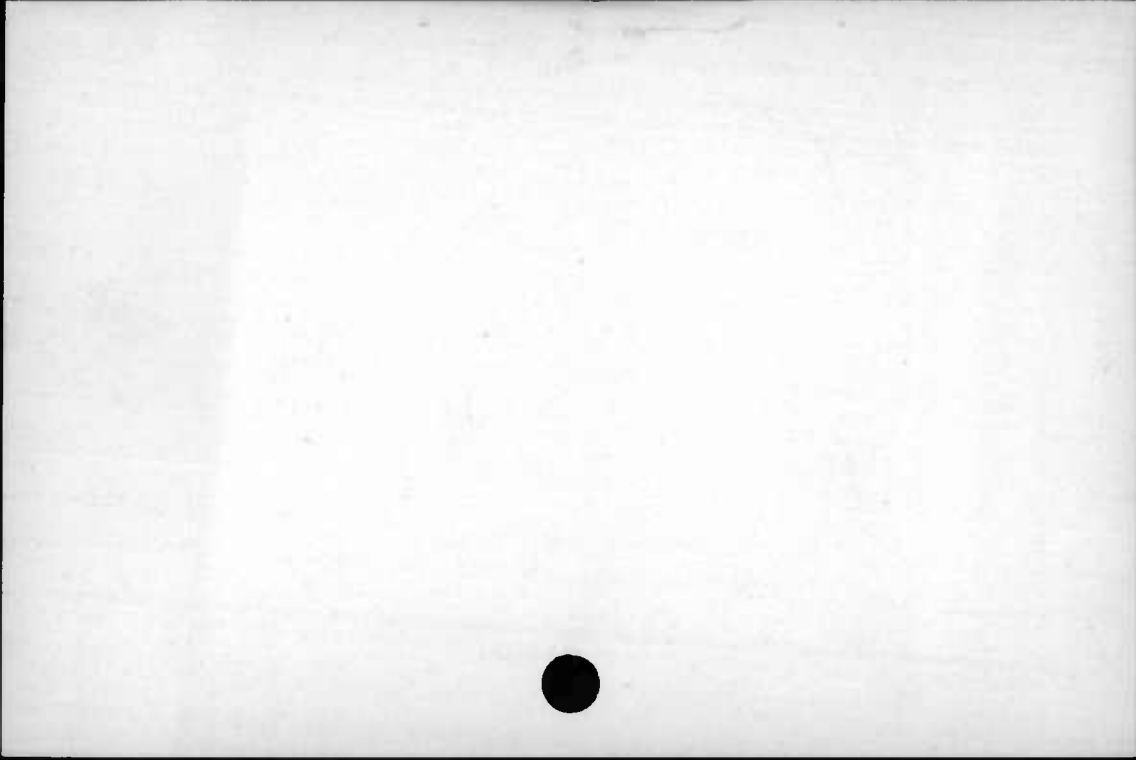
Died at <i>Massey</i> Town		<i>Hent</i> County		MARYLAND	
Date of death <i>1907</i> <i>24</i> Month		<i>16</i> Day		<i>20</i> Years	
<i>9</i> Months		<i>9</i> Days			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Mary Md.</i>	
Occupation <i>Labourer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Wm B. Maslin</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Mrs. L. Meason</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Wm B. Maslin</i>		How related to deceased <i>father</i>			

## CAUSES OF DEATH

(118)

PHYSICIAN  
OR CORONER

Primary	<i>Appendicitis</i>	How long	<i>48 hrs.</i>
Immediate	<i>genl. peritonitis</i>	How long	<i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>L. H. Latimer</i>	
		Address <i>Galena Md</i>	
Accident or Suicide?			



Name  
in  
Full

James Hampton Maul

## CERTIFICATE OF DEATH

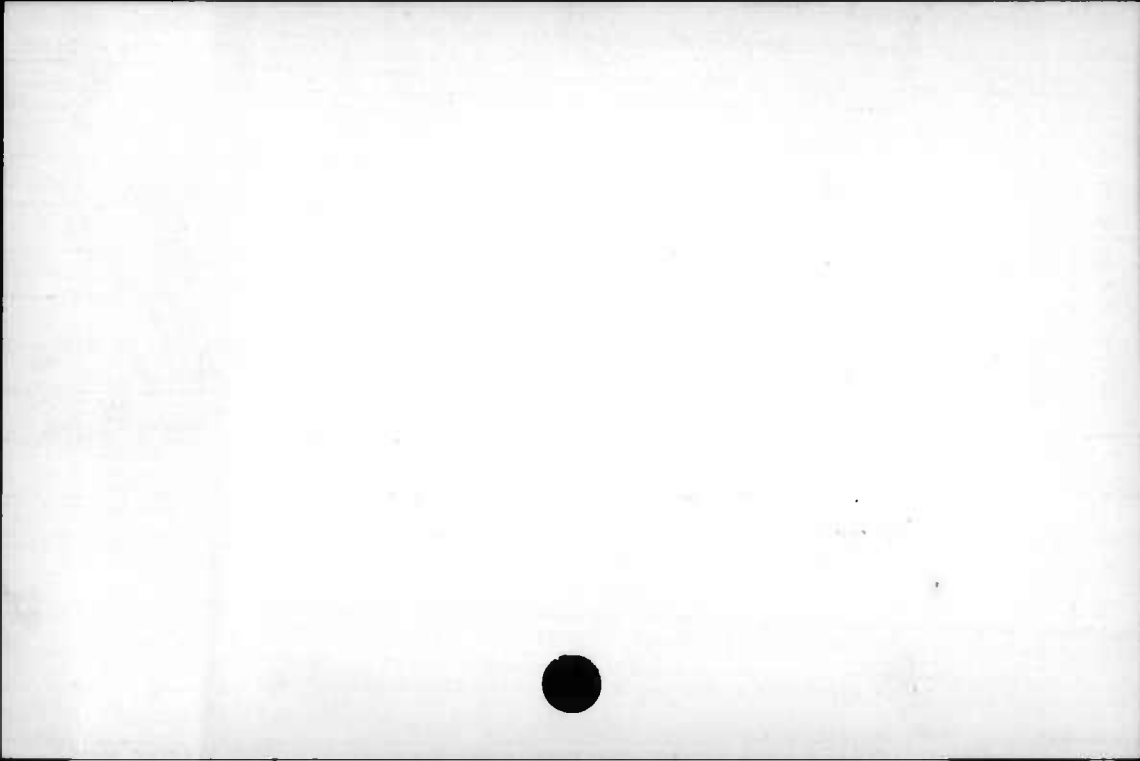
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chester</i> <sup>Town</sup>		<i>Y</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>5</i>	Age <i>29</i>	Years <i>29</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Med</i>			
Occupation <i>Butcher</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mollie Pleasanton</i>				
Father's Name <i>Oliver Maul</i>	Father's Birthplace <i>N. J.</i>				
Mother's Maiden Name <i>Sarah Smith</i>	Mother's Birthplace <i>Med</i>				
Name of person giving information <i>Wm Maul</i>	How related to deceased <i>Nephew</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>4 weeks</i>
Immediate <i>Typhoid coma</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Simons</i>
	Address <i>Chester</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Albert G. Milton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

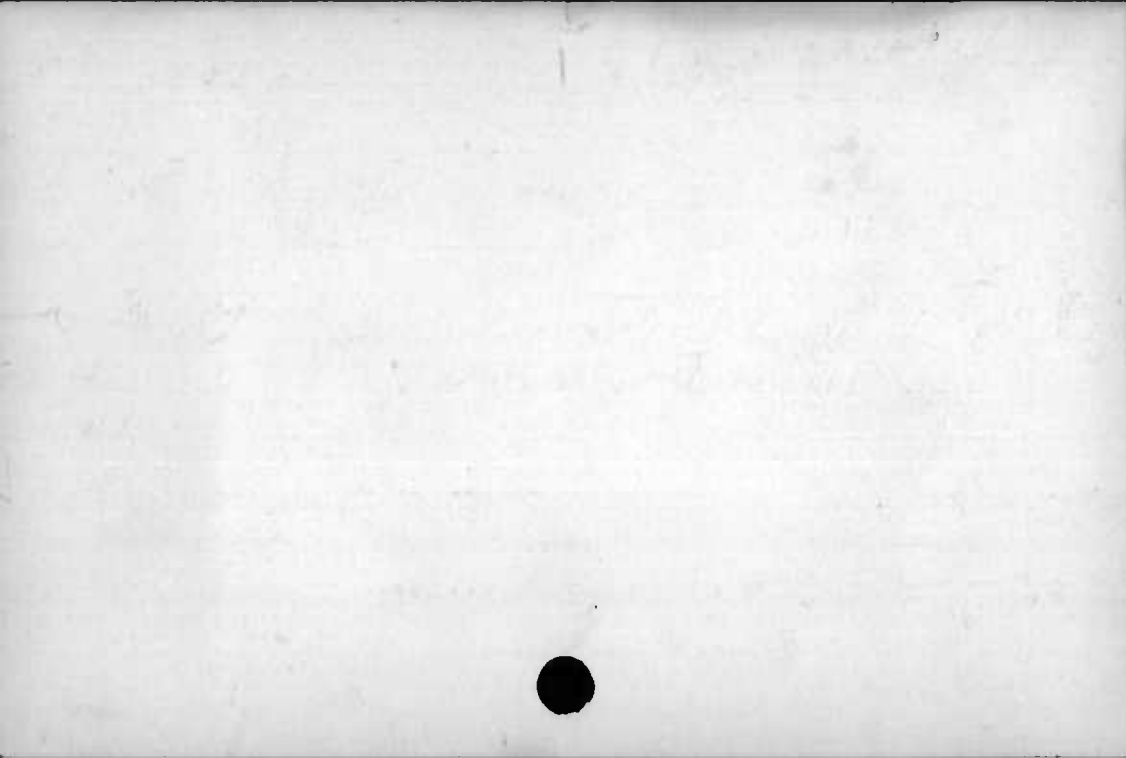
Died at <i>Salisbury</i> <sup>Town</sup>		<i>Kent</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>July</i> <sup>Month</sup>	<i>11</i> <sup>Day</sup>	<i>27</i> <sup>Years</sup>	<i></i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Balto.</i>		
Occupation <i>Waterman</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>John Milton</i>		Father's Birthplace <i>Dayton O.</i>			
Mother's Maiden Name <i>Henrietta Milton</i>		Mother's Birthplace <i>Salisbury Md</i>			
Name of person giving information <i>John Milton</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>H.C. unable to ascertain cause of death</i>	How long
Immediate <i>issuing b. cert. on this certificate</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M.P.</i>
	Address <i>Nov 29 '07</i>
Accident or Suicide?	



Name  
in  
Full

Mary Moore

## CERTIFICATE OF DEATH

Died at *Georgetown* Town *Dist.* *Leont.* County

Date of death *1907* Month *July* Day *9* Age *28* Years Months Days

Sex *Female* Color or Race *African* Birth-place *Ind.*

Occupation *Housework* Where Residing if not at place of death

Married, Single or Widowed *Sm.* Name of Wife or Husband *Lease Moore*

Father's Name *Richard Rasin* Father's Birthplace *Ind.*

Mother's Maiden Name *Eloza Smallwood* Mother's Birthplace *Ind.*

Name of person giving information *Lease Moore* How related to deceased *Steward*

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

27

Primary *Pulmonary Tuberculosis* How long *6 months*

Immediate *Exhaustion* How long *2 wks*

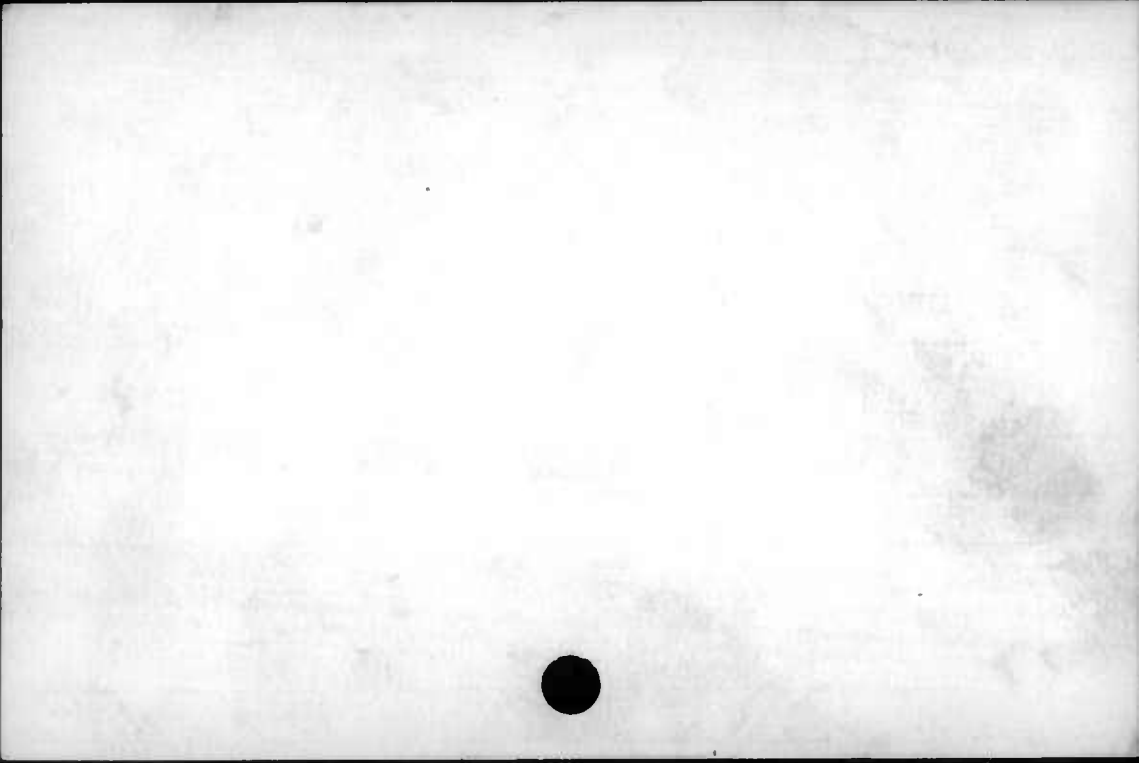
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Frank W. Smith*

Address *Ind.*

Accident or Suicide? *No*

PHYSICIAN  
OR CORONER





Name  
in  
Full

William H. Morris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Kennedyville</u>		Town <u>Kennedyville</u>		County <u>Kent Co.</u>		State <u>MARYLAND</u>	
Date of death	<u>1907</u>	Month <u>July</u>	Day <u>31</u>	Age <u>—</u>	Years <u>—</u>	Months <u>1</u>	Days <u>20</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Ind</u>				
Occupation <u>—</u>				Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>					
Father's Name <u>Henry Morris</u>		Father's Birthplace <u>Ind</u>					
Mother's Maiden Name <u>Cora Brown</u>		Mother's Birthplace <u>Ind.</u>					
Name of person giving information <u>Henry Morris</u>		How related to deceased <u>Father</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Marasmus</u>	How long <u>2 weeks</u>
Immediate <u>Convulsions</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>G. L. Barwick</u>
	Address <u>Kennedyville</u>
	<u>Ind</u>
Accident or Suicide? <u>—</u>	

Still Found.

Name  
in  
Full

Sarah Ann Howland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Crumpton</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>9th</i>	Age <i>78</i>	Months <i>7</i>	Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth place <i>Baltimore</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>near Crumpton</i>				
Married, Single or Widowed <i>Widow</i>	Name of <del>Wife</del> Husband <i>John Howland</i>				
Father's Name <i>Darius Coleman</i>	Father's Birthplace <i>Baltimore</i>				
Mother's Maiden Name <i>Mary Leary</i>	Mother's Birthplace <i>Kent Co., Md</i>				
Name of person giving information <i>Mary E Howland</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Rheumatism</i>	<i>48</i>	How long <i>7 years</i>
Immediate <i>Rheumatism &amp; old age</i>		How long <i>17 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. V. Sheppard</i>	Address <i>Crumpton</i>
		<i>Md</i>
Accident or Suicide? <input type="checkbox"/>		

J. E. F. Cohester Cem.

Name  
in  
Full

Ellen Pierce

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

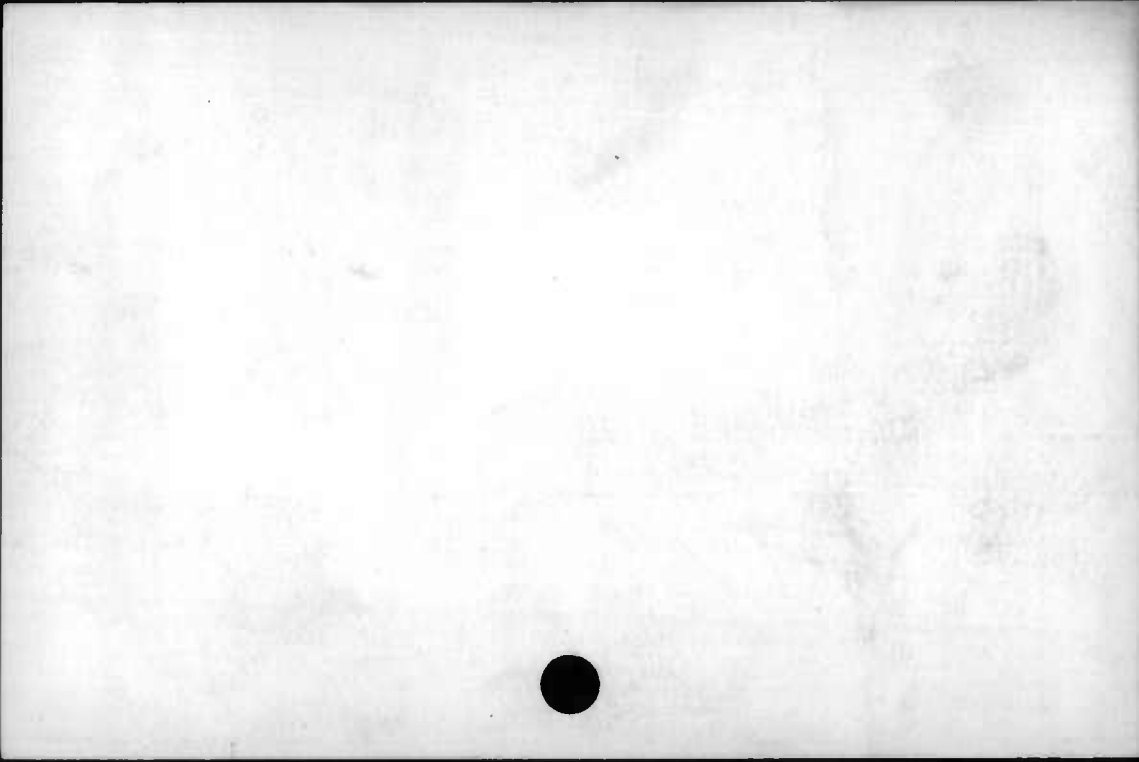
Died at <u>Georgetown</u> <sup>Town</sup>		<u>Neut.</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	<u>July</u> <sup>Month</sup>	<u>17</u> <sup>Day</sup>	<u>51</u> <sup>Years</sup>	<u></u> <sup>Months</sup>	<u></u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>African</u>		Birth-place <u>Ind</u>		
Occupation <u>Housework</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <u>Jno Pierce</u>				
Father's Name <u>James Jones</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Eliza</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Daniel Pierce</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>5 mos</u>
Immediate <u>Exhaustion</u>	How long <u>3 wks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Frank W Smith</u>
	Address <u>Forbes</u>
Accident or Suicide?	<u>Ind</u>



Name  
in  
Full

Hydie Porter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Chester <sup>Town</sup>		Kent <sup>County</sup>		MARYLAND	
Date of death		1907	Month July	Day 19	Age 21	Years	Months Days
Sex		Male		Color or Race Negro		Birth-place Maryland	
Occupation		Labor		Where Residing if not place of death		Philadelphia	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Burt Porter		Father's Birthplace		Maryland	
Mother's Maiden Name		Elizabeth Porter		Mother's Birthplace		Maryland	
Name of person giving information		Dick Barber		How related to deceased		Sow	

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate	Accidental Drowning	How long	20 min.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Robt. Moffett, Cor.	
Address		Chester <sup>Town</sup> Md.	
Accident or Suicide?			

J. E. H. Jones cem



Name  
in  
Full

Pritchett

## CERTIFICATE OF DEATH

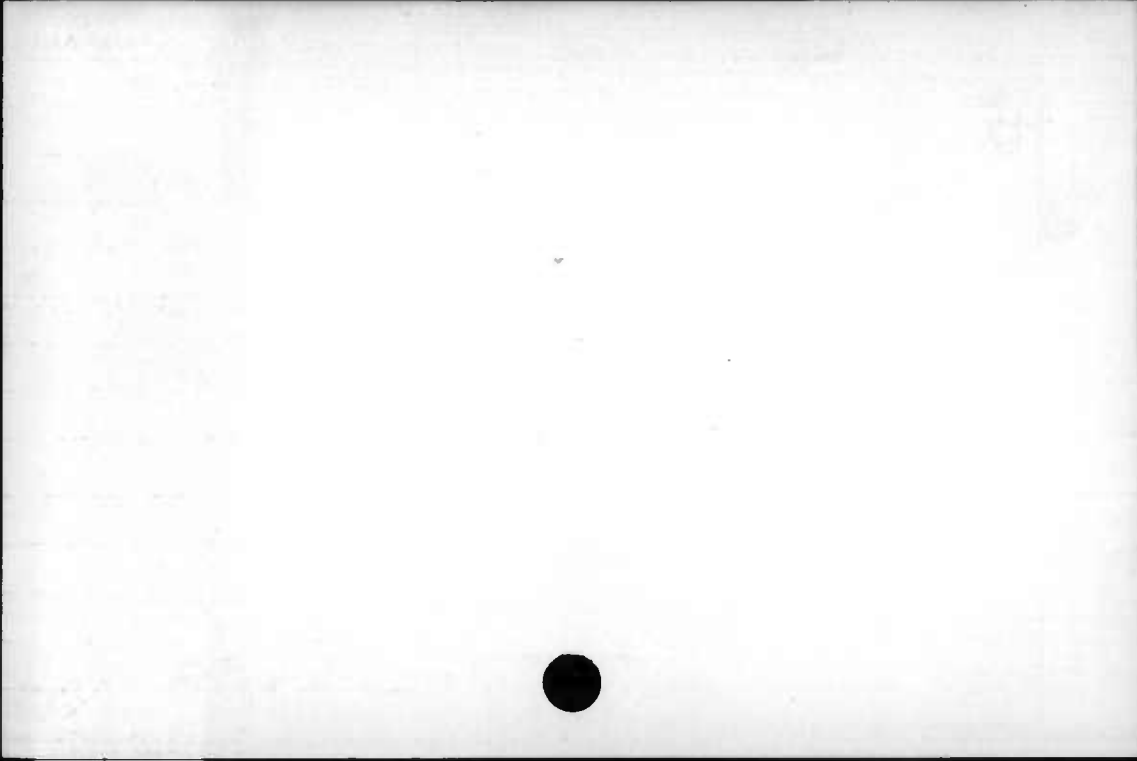
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chestertown</i>		County <i>Kent</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>21</i>	Age	Years
				Months <i>3</i>	Days
Sex <i>Male</i>	Color or Race <i>Col</i>		Birth-place <i>Ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Wesley Jones</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary P. Pritchett</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Mother</i>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>drowned</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robt. Moffett Cor.</i>
	Address <i>Chestertown Ind.</i>
Accident or Suicide <i>Murder</i>	



Name  
in  
Full

Emma Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

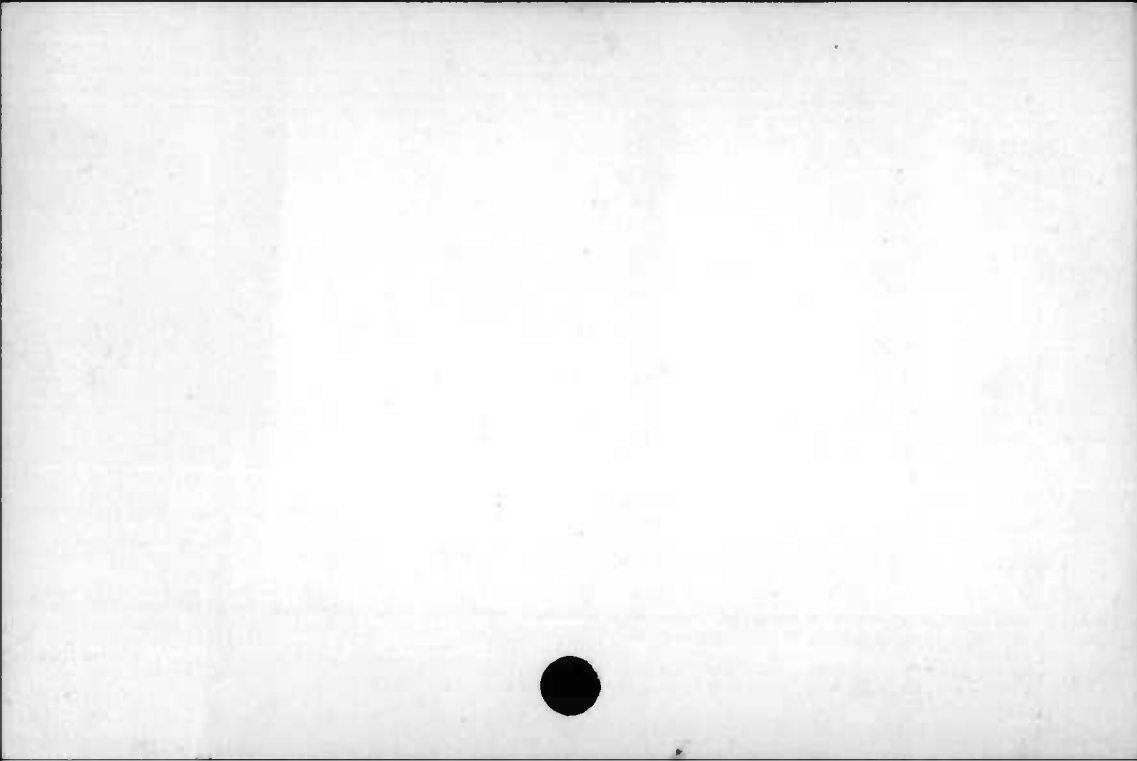
Died at <u>Rock Hall</u> <sup>Town</sup>		<u>Kent</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u>	Month <u>July</u>	Day <u>23</u>	Age <u>4.8</u> Years	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Kent Co Md</u>		
Occupation <u>House Servant</u>	Where Residing if not at place of death				
<del>Married</del> , Single <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Joseph Reed</u>	Father's Birthplace <u>Kent Co Md</u>				
Mother's Maiden Name <u>Mary Freeman</u>	Mother's Birthplace <u>" Co Md</u>				
Name of person giving information <u>Mary Reed</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary <u>Gastrointestinal Catarrh</u>	How long <u>two weeks</u>
Immediate <u>Exhaustion</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. H. Hall M.D.</u>
	Address <u>Rock Hall Md</u>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chestertown</i> <sup>Town</sup>		<i>Stent</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i> <sup>Month</sup>	<i>July</i> <sup>Day</sup>	<i>8</i> <sup>Age</sup>	<i>—</i> <sup>Years</sup>	<i>7</i> <sup>Months</sup>	<i>23</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth place <i>Kent Co.,</i>			
Occupation <i>infant</i>	Where Residing if not at place of death <i>Chestertown</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>James Sampson</i>	Father's Birthplace <i>Talbot Co. Md</i>				
Mother's Maiden Name <i>Rachel Johnson</i>	Mother's Birthplace <i>Stent Co. Md</i>				
Name of person giving information <i>James Sampson</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>3 weeks</i>
Immediate <i>Inanition</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Benge Simmons</i>
	Address <i>Chestertown Md</i>
Accident or Suicide? <i>no</i>	

J. E. H. Dukerneck.

Name  
in  
Full

James Satterfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

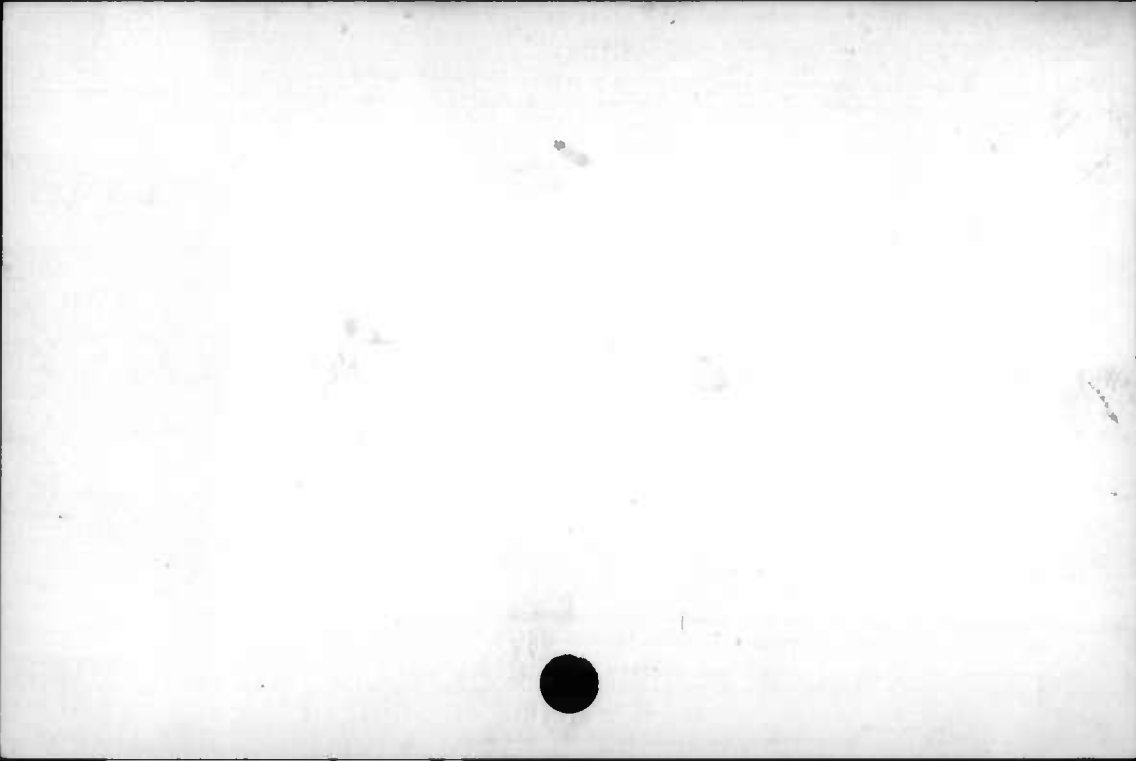
Died at		Town <u>Worren Creek</u>		County <u>Kent-</u>		MARYLAND	
Date of death <u>1907</u>		Month <u>July</u>	Day <u>31</u>	Age <u>14</u>	Months <u>7</u>	Days <u>28</u>	
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Kent-Co Md</u>				
Occupation <u>Waterman</u>		Where Residing if not at place of death					
Married, Single or Widowed <u>—</u>		Name of Wife or Husband					
Father's Name <u>James S. Satterfield</u>		Mother's Name <u>Kate Edwin</u>		Father's Birthplace <u>Maryland</u>		Mother's Birthplace <u>Maryland</u>	
Name of person giving information <u>James C. Culley</u>		How related to deceased <u>Uncle</u>					

CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary	<u>Accidental Drowning</u>		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Samuel Burgess, M.D.</u>	
<u>Yes</u>		Address <u>Corner Edesville Kent Co Md</u>	
Accident or Suicide <u>—</u>			





Name  
in  
Full

Thomas Jefferson Hardman Saunders

## CERTIFICATE OF DEATH

Died at Rock Hall

Kent County

MARYLAND

Date of death 1907 July

Day 12

Age 66

Months 9

Days 4

Sex male

Color or  
Race

White

Birth-  
place

Kent Co. Md.

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Mary E. Templeman.

Father's  
Name

Bushrod Saunders

Father's  
Birthplace

Kent Co. Md.

Mother's  
Maiden Name

Emily Moffett.

Mother's  
Birthplace

Kent Co. Md.

Name of person giving  
In formation

Oswald H. Saunders

How related  
to deceased

Son.

## CAUSES OF DEATH

Primary

Cancer

45

How long

3 years

Immediate

Exhaustion

How long

2 or 3 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

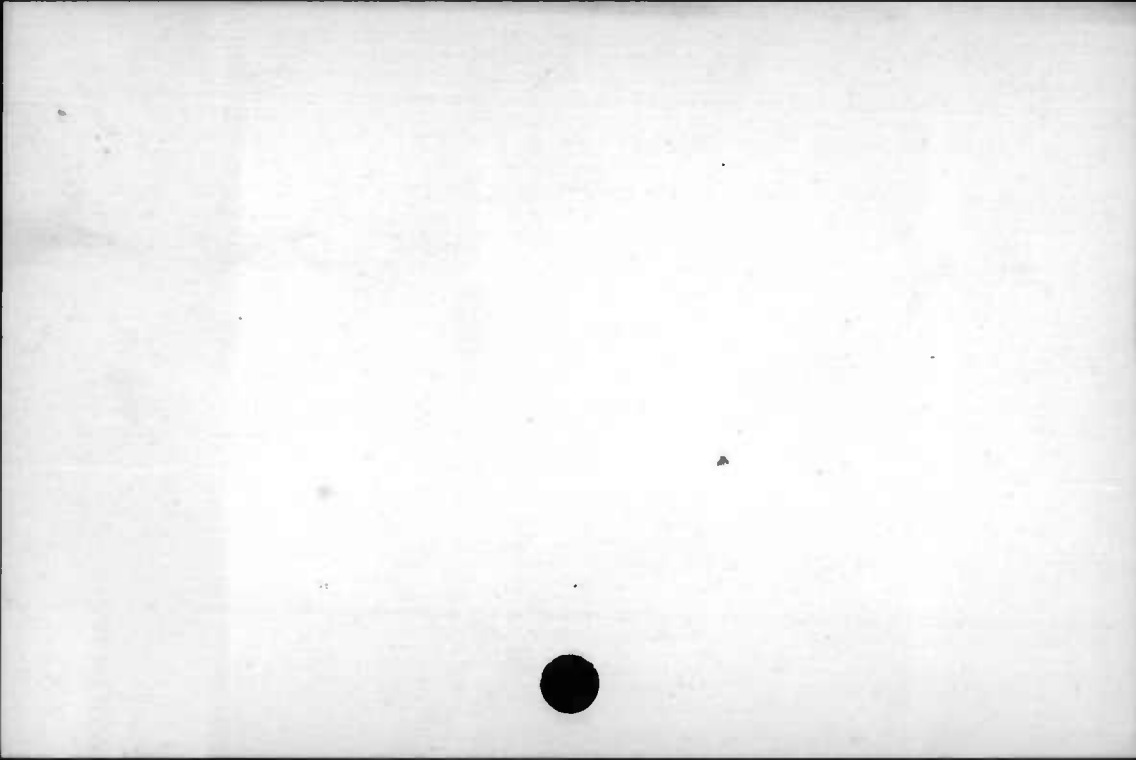
Signature of  
Physician

Address

Walter D. Bell  
Rock Hall, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Agusta Scott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

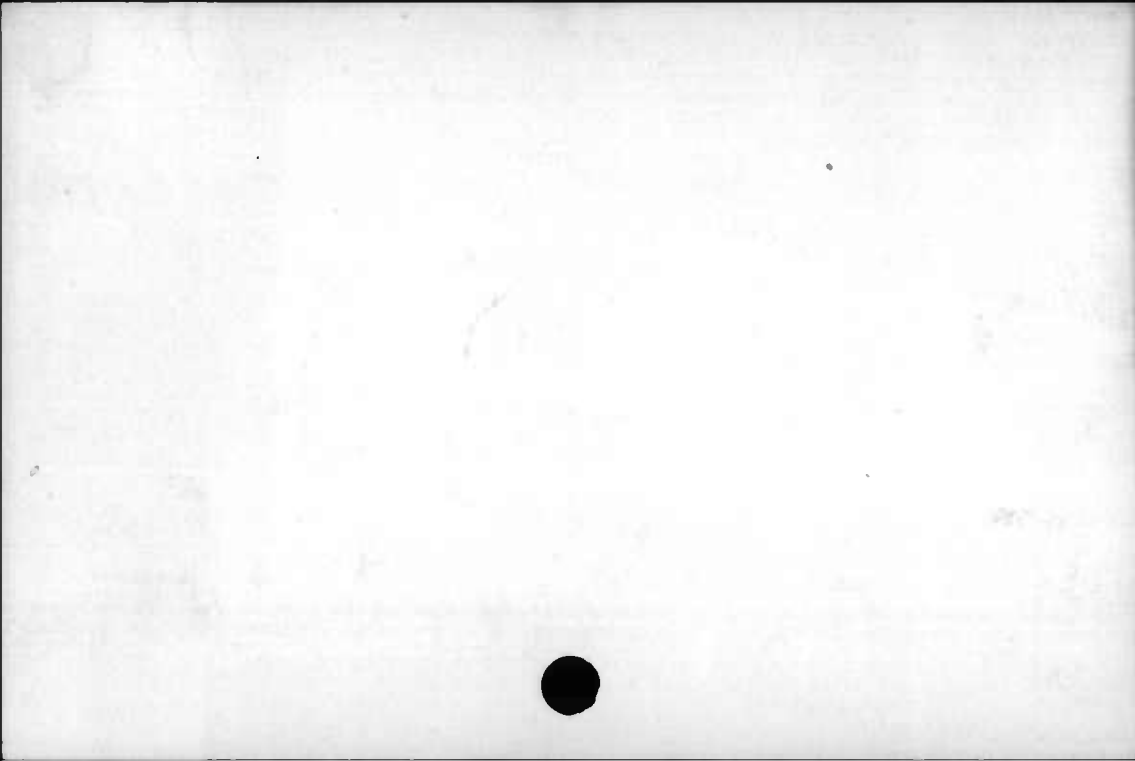
Died at <b>Sandey Bottom</b> <sup>Town</sup>		<b>Kent</b> <sup>County</sup>		MARYLAND	
Date of death	<b>1907</b>	Month	<b>July</b>	Day	<b>17</b>
Age	<b>37</b>	Years		Months	
Sex	<b>Female</b>	Color or Race	<b>Black</b>	Birth-place	<b>Kent Co Md</b>
Occupation	<b>House Wife</b>		Where Residing if not at place of death		
Married, Single or Widowed	<b>Married</b>	Name of Wife or Husband	<b>John Scott</b>		
Father's Name	<b>Henry Jones</b>			Father's Birthplace	<b>Kent Co Md</b>
Mother's Maiden Name	<b>Louise Harris</b>			Mother's Birthplace	<b>Kent Co Md</b>
Name of person giving information	<b>John Scott</b>			How related to deceased	<b>Husband</b>

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<b>Pulmonary Tuberculosis</b>	How long	<b>two months</b>
Immediate	<b>Exhaustion</b>	How long	<b>one week</b>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<b>yes</b>		<b>Dr. W. B. Drake Md</b>	
		Address	
		<b>Rock Hall</b>	
Accident or Suicide?			



Name  
in  
Full

*Benjamin Skeltone*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

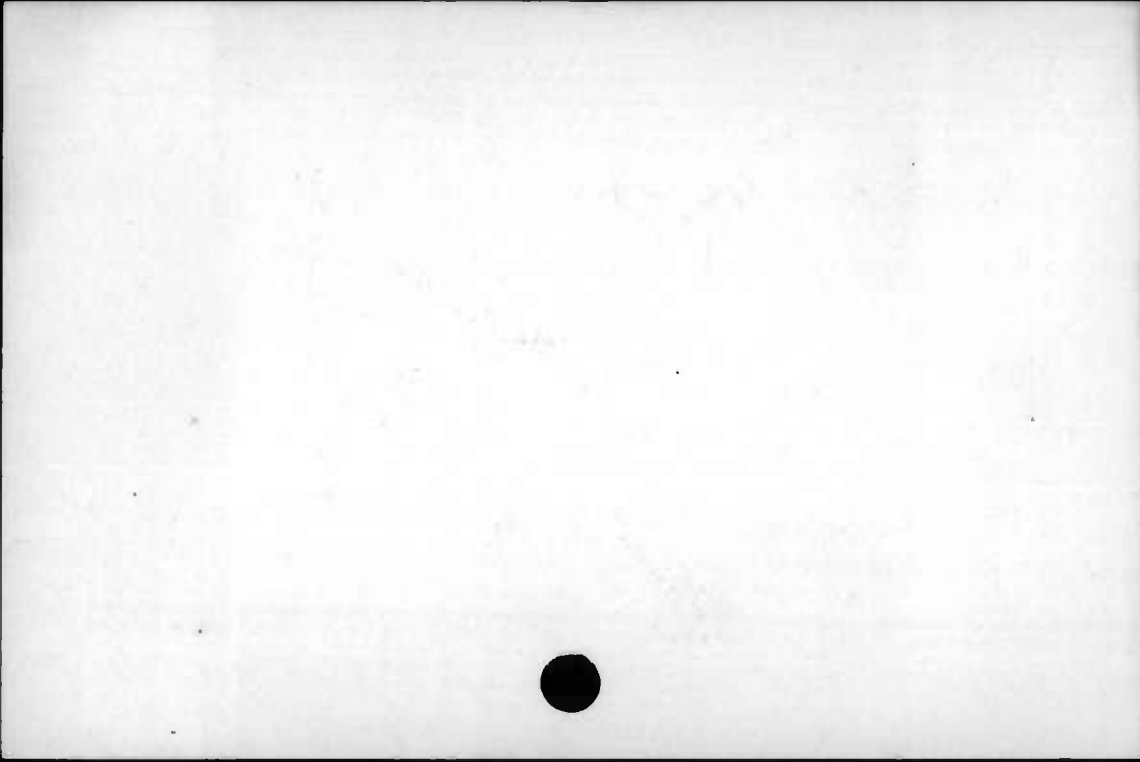
Died at		Town <i>Massey</i>		County <i>Kent</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>9</i>	Years <i>64</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>			
Occupation <i>Farm laborer</i>		Where Residing if not at place of death <i>At Rome.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>I don't know</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>I don't know</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Brother</i>		How related to deceased <i>—</i>					

CAUSES OF DEATH

**56**

PHYSICIAN  
OR CORONER

Primary	<i>Acute Alcohol Poisoning</i>	How long	<i>5 days</i>
Immediate	<i>Coma</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>C. P. Gorman, M.D.</i>	
		Address	
		<i>Millington Md.</i>	
Accident or Suicide?			



Name  
in  
Full

William Henry Smith -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

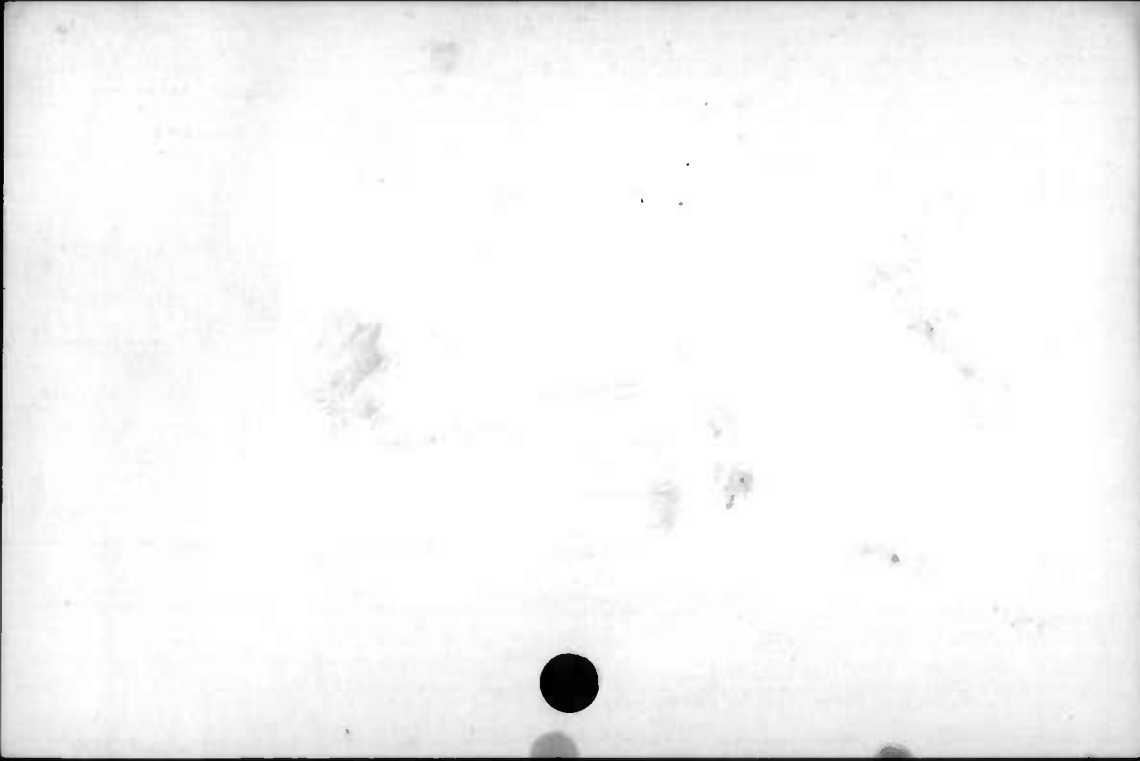
Died at <b>Rock Hall</b> <small>Town</small>		<b>Kent</b> <small>County</small>		MARYLAND	
Date of death <b>1907</b>	Month <b>July</b>	Day <b>20</b>	Age <b>—</b>	Months <b>10</b>	Days <b>20</b>
Sex <b>Male</b>	Color or Race <b>Black</b>		Birth-place <b>Kent Co Md</b>		
Occupation <b>—</b>			Where Residing if not at place of death <b>—</b>		
Married, Single or Widowed <b>—</b>			Name of Wife or Husband <b>—</b>		
Father's Name <b>Henry Smith</b>			Father's Birthplace <b>Kent Co Md</b>		
Mother's Maiden Name <b>Hilda Butler</b>			Mother's Birthplace <b>Maryland</b>		
Name of person giving information <b>Henry Smith</b>			How related to deceased <b>Father</b>		

## CAUSES OF DEATH

105-

PHYSICIAN  
OR CORONER

Primary <b>Summer Cataract</b>	How long <b>3 weeks</b>
Immediate <b>Opelation</b>	How long <b>One day</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Walter J. J. M. D.</b>
	Address <b>Rock Hall, Md.</b>
Accident or Suicide? <b>—</b>	





Sarah Steops

Town

County

Died at

Cliffs

Kent

MARYLAND

Date 1907

Month

Day

Y.

M.

D.

Native of

Occupation

1907

July 8

3

Md

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Frank Steops

Mother's

Name

104

Cause of

Primary

Gastritis (Maclean &amp; Chum.)

How long sick

Several days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Harry L. Dodge, M.D.

Address

Chesapeake, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. E. F. Bond corn

Name  
in  
Full

Rebecca Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

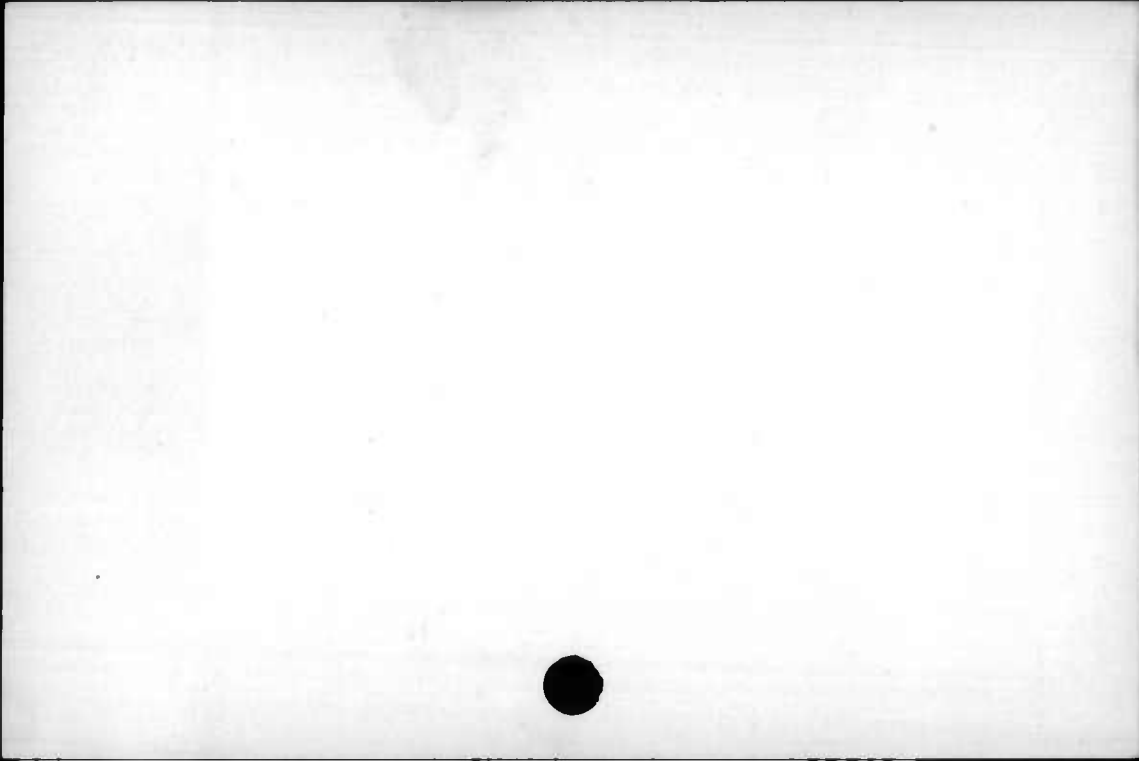
Died at		Town Chestertown		County Kent		MARYLAND	
Date of death		1907	Month July	Day 12	Age 20 (about)	Years	Months Days
Sex	Female		Color or Race	Col		Birth- place	Ind
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband Wm Henry Thomas				
Father's Name	Unknown					Father's Birthplace	Ind
Mother's Maiden Name	Unknown					Mother's Birthplace	Ind
Name of person giving in formation	Bob Gordon					How related to deceased	None

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary	Apoplexy		How long	2 days
Immediate	Coma		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician H. G. Simpson	
			Address Chestertown	
Accident or Suicide?		No		



Name  
in  
Full

CERTIFICATE OF DEATH

May Wilmer  
Town Coleman County Stent

Died at  
Date of death 1907 Month July Day 6 Age — Years Months 1 Days 10

Sex female Color or Race Black Birth-place Ind

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Thomas Wilmer Father's Birthplace Ind

Mother's Maiden Name May Houston Mother's Birthplace Ind

Name of person giving information T. J. Wilmer How related to deceased Father

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary Scrub fever 35 How long 6 weeks  
Immediate — How long —

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above? — Signature of Physician DR. J. HORTON KELLEY  
Address STILE POND, MD.

Accident or Suicide? —

Coleman.